DOCUMENT RESUME

ED 259 869 RC 015 408

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TITLE Psychology and Services to Southern Arizonas Ethnic Minorities.
PUB DATE 85
NOTE 10p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *American Indians; *Clinical Experience; Community Health Services; *Cultural Influences; Health Programs; Mental Health; *Mental Health Clinics; Mexican Americans; Postsecondary Education; Program Descriptions; *Psychological Services; Reservation American Indians; *School Community Relationship; Tribes
IDENTIFIERS Arizona (Tucson); *Papago (Tribe); University of Arizona; Yaqui (Tribe)

ABSTRACT

Since 1969, the clinical program of the Psychology Department of the University of Arizona has been associated with mental health programs and services for Tucson area ethnic minorities and the poor which have provided realistic training for clinical students and established continuing community based services sensitive to the culture of the people served. An initial joint effort with the Papago tribe and the Indian Health Service established a tribal program on the reservation which used the community mental health approach, stressed native employment, and involved Papago medicine men. This successful mental health service model has been exported and implemented in Australia with Aboriginees, who have many similar problems and situations as the Papago. With an emphasis on community-consulting roles as well as seeing individual clients, the Marana Clinic was established to serve impoverished rural residents, including former Mexican American migrant workers, Yaqui and Papago Indians, and poor Caucasians. (NEC)

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PSYCHOLOGY AND SERVICES TO SOUTHERN ARIZONAS ETHNIC MINORITIES

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1985

RC015408

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Psychology and Services to Southern Arizonas Ethnic Minorities

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The Sonoran Desert and Southern Arizona were the lands of several Indian groups before the Spanish and Mexican incursions. The American dominance of the region came with the Gadsden Purchase in 1854.

While this new American group grew in numbers, expanded and developed the area in terms of their values and goals, many of the earlier peoples suffered hardships of displacement, poverty, discrimination, and great disruptions of their traditional culture and way of life.

It is not surprising that groups that have undergone such experiences suffer from social and emotional disorders at rates of three to five times greater for such problems then are found in the country as a whole. Many Indian tribes, for instance, have rates of alcoholism which are much greater than those found in the general population. Krause and Buffler (1979), using as the definition of severe alcoholism, death from cirrhosis of the liver, found that among the Alaskan Indians and Eskimos the rate was 3 to 4 times that of the overall Alaska population. Suicide among Indians and Eskimos similarly has been found at high rates for many tribal Aboriginal groups. Conrad and Kahn (1974), in an epidemiological study of suicide among the Papago, found their suicide rates to be from three to more higher than that of the national average. In many other areas there are indications that these ethnic minority groups suffer substantially more in comparison to the rest of the country. Unemployment rates are well over 50% in many Indian reservation locales, infant mortality only in recent years has been slowed. The lifespan is shorter. High death rates from accidents, from diabetes, tuberculosis still abounds. There is much disturbance in

family and marital relationships, and high rates of school drop-out.

In the case of the Papago Indian tribe, whose reservation adjoins Tucson to the south and to the west, mental health services were virtually nonexistent as late as 1969. True, the Papago were eligible to use those facilities in town which were provided by the county and the state, but very few availed themselves of these. There are many and complex reasons why they did not. Some of the most obvious include the distance from the reservation, a general conceptual and philosophical difference with regard to the nature of emotional/behavioral problems, the existence of the services in a stranger's locale, requiring unfamiliar procedures and culturally dystonic expectations.

The Papago Psychology Service

In 1969, the clinical program of the Psychology Department of the University of Arizona undertook a project to explore with the Papago tribe and the Indian Health Service their desire and perceived need for mental health services on the researvation. Upon receiving an affirmative indication by both groups, it undertook to develop such a program in conjunction with those two groups.

A description of the development of the clinic is presented in Kahn and Delk (1973). In broad principle, the plan called for a mental health service that would be accepted by the people and be consistent with the Papago traditions and beliefs. Working with mutual professional respect with Papago practitioners and medicine men was a key point. The plan stressed that the program should be a tribal program and not be another service imposed by outsiders. The following points were stated as considerations in the plan: (1) the clinic would use be a community mental health approach, emphasizing consulting with persons and agencies working

directly with Papago problems; (2) it would stress the employment of indigenous Papagos as casefinders, translators, relationship-links and agents to carry out the recommendations of the clinic staff. Training the Papago mental health workers and encouraging them to develop professional skills and obtain professional education was central; (3) the clinic would consult with Papago medicine men on cases that involved traditional Papago beliefs. The medicine men would be considered professional consultants and be paid professional fees; (4) The clinic staff would see individual cases when necessary for evaluation and treatment. However, the focus was to be more around consulting and supporting the indigenous helping individuals.

The process of having this approach approved by the tribe was a unique experience and a lesson in how the Papago people arrive at such decisions. It essentially amounted to presenting the proposal to a large series of Papago groups. Apparently having the approval of one group meant that we were advanced to presenting the proposal to another. This went on for some months until finally we were permitted to present it to a group of reservation medicine men who heard it in studied silence. However, a week or so following that, the program was approved as we had proposed it by the tribal chairman and the services began. An approving consensus had been reached.

With an initial budget that hardly covered the transportation costs of the one-hundred and twenty-mile trip from the University, twice a week a carload of faculty and graduate students drove out to the reservation. Patients were seen in an old unused tribal building with the help of a number of volunteer Papago translators. After 8 months experience with this model and when it was time to renew the contract, the program was able to recruit the first Papago mental health worker as a full-time employee. He

was trained on a tutorial basis with the clinical psychology staff consultants and two graduate students. The latter were provided with a 20-hour per week paid externship to work on the reservation in the new contract. Thus, we then had a more permanent presence and a full-time indigenous staff person.

In the first years some of the main program activites of the clinic included consultation to the schools on the reservation, including the BIA Boarding School, developing a group therapy program for delinquent Papago boys and a separate one for delinquent Papago girls; consultation with the reservation medical hospital on psychological problems; development of counseling services for the reservation teen center, consutation with various reservation agencies, including the community health representatives, legal aid, BIA social work, tribal court and police, tribal head-start program and the tribal work program.

In addition to consultation, 73 individual patients were seen during the first 15 months of the clinic operation. Descriptively, about half were under 20 years of age, 20% being under 10 years of age. There were slightly more females than males and about 90% spoke English. The most frequent primary problem centered around depression with sadness, suicidal thoughts and suicide attempts being the ones that came to our attention in terms of individual cases during that period.

It was very apparent by that stage that there were many severe mental health problems of various kinds on the reservation. The clinic was functioning to provide services for those needs and the people were responding in terms of utilization of the services.

The Papago psychology service has continued to develop and to flourish as a service from that point. Two more Papago mental health workers were

hired and trained in the next year. A Papago secretary was also hired and quarters first in an unused staff apartment on hospital grounds and later in an office trailer were the locations.

At about this point with a staff of 3 relatively experienced Papago mental health workers, 2 half-time psychology interns, and 2 Ph.D. level psychology staff consultants, the program was turned over to the Papago tribe and the senior Papago mental health worker became Director of the Clinic. Over the time of the clinic, more Papago workers have been recruited and trained. The psychology externs and regular staff consultantcies were eliminated as the tribal group became more and more confident to run more and more of their own program (Kahn, Henry, & Lejera, 1980).

Now, some 15 years later, the Papago psychology service is very much a viable service-providing agency on the reservation as part of the tribal health program. It has a staff of 5 or 6 mental health workers, including one of the original three. It is housed in a new brick building in the tribal health complex. The program serves a wide range of mental health problems among the people and very actively involves tribal medicine men and refers many cases to them. The Papago program does mantain some occasional consulting and advisory and contact with one of the psychologists in the department who was originally involved in developing the program.

This program has not only been, to our view, basically successful, it has also withstood the test of time. It is of note that this model was exported to Australia with Australian Aboriginees who have many similar problems and situations as the Papagos (Kahn, Henry, & Camte, 1976). While that is another story, a similar mental health service set up in Townsville, Australia with indigenous aboriginal mental health workers and continues

after about 9 years of operation. Further, this model from the Papago has also been adapted for Australian Aboriginal alcoholism workers as well (Kahn & Fua, in press).

The Marana Clinic

When the Psychology Department's involvement with the Papago program diminished, the direction of clinical training and learning through providing services to underserved groups led to the development of another mental health service. This one was developed to service the residence of a nearby impoverished rural area.

Many of the people in this area were former migrant farm workers who still did farm labor in the cotton fields of the area. Many were Mexican-Americans. The population also included Yaqui and Papago Indians and poor Caucasians.

Our department's psychological clinic became the mental health service for the health clinics of the area. The emphasis was on community-consulting roles, but also involved seeing individual clients as well (Kahn, McWilliams, Balch, Chang, & Ireland, 1976). Only very recently has the department's formal connection with that program been withdrawn, as a result of the termination of our NIMH training grant. However, the mental health service continues with a professional staff person and externs from our program.

Summary

From this kind of programmatic involvement with some of the Tucson areas ethnic-minorities and poor realistic training has been provided for our clinical students. Perhaps of more importance is that through this means we provided services to those that were underserved. These programs have as well established continuing community based services sensitive to

the cultural of the people served, and which also emphasize services by indigence people in indigenous controlled and directed programs. What we helped start seems firmly implanted even though we no longer play a major role. For our students who had these training experiences, we believe such participation has and will serve them and society well as they move into their careers in clinical psychology.

References

Conrad, R., & Kahn, M. W. (1974). An epidemiological study of suicide and attempted suicide among the Papago Indians. American Journal of Psychiatry, 131, 69-72.

Kahn, M. W., & Delk, J. (1973). Developing a community mental health clinic on the Papago Indian Reservation. International Journal of Social Psychiatry, 19, 299-306.

Kahn, M. W., Henry, J., & Tejero, L. (1980). Indigenous mental health paraprofessionals on an Indian reservation. In M. O. Wagonfeld & S. S. Rabin (Eds.), Paraprofessionals in human services. New York: Human Sciences Press.

Kahn, M. W., & Fua, C. (In press). Counselor training as a therapy for alcohol abuse among aboriginal people. American Journal of Community Psychology.

Kahn, M. W., Henry, J., & Cawte, J. (1976). Mental health services by and for Australian aboriginies. Australian and New Zealand Journal of Psychiatry, 10, 221-229.

Krause, R. F., & Huffler, P. A. (1979). Sociocultural stress and the American Native in Alaska: An analysis of changing patterns of psychiatric illness and alcohol abuse among Alaska natives. Culture, Medicine and Psychiatry, 3, 111-151.